



CANNON BUILDING
861 SILVER LAKE BLVD., SUITE 203
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE
BOARD OF COSMETOLOGY/BARBERING

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COSMETOLOGY/BARBERING SCHOOL QUESTIONNAIRE

INSTRUCTIONS

- ☐ Complete and sign the form.
- ☐ Enclose a roster of students who are currently enrolled at the school.
- ☐ Send the questionnaire and roster to the Board office at the address above. Note the following:
 - The Board office must process this form before it renews the school's license.
 - Submit the form in advance of the school license's June 30 expiration date to allow the Board office sufficient time to process it before the license expires.
 - ***This questionnaire is NOT a renewal application. In addition to submitting this form, you must complete the online renewal application for the school.*** Follow the instructions on the *Official Renewal Notice* to submit the online renewal application.

1. School Name (as it appears on Delaware license): _____
2. Delaware License Number: **M6** - _____
3. Enter the following information about *each* instructor:

INSTRUCTOR NAME	DELAWARE LICENSE NO
	____ - _____
	____ - _____
	____ - _____
	____ - _____
	____ - _____
	____ - _____

4. List all programs that the school offers: _____

5. Does the school verify that each U.S.-educated student admitted has completed at least a 10th grade education?
Yes ☐ No ☐
6. Does the school verify that each foreign-educated student admitted has submitted translated and credentialed documents, and has completed the equivalent of at least a 10th grade education? Yes ☐ No ☐
7. Does the school verify each student enrolled in the instructor program has completed at least a 12th grade education?
Yes ☐ No ☐

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8. Delaware law establishes requirements related to accreditation of Delaware-licensed Cosmetology/Barbering Schools (22 Del. C. § 5119(h)). Is this school accredited, or in the process of becoming accredited by a nationally recognized accrediting agency approved by the Board? Yes ☐ No ☐

- **If yes**, enter the accrediting body and check which proof of accreditation you are submitting:

☐ I have enclosed a copy of the official school accreditation from the national accrediting agency.

☐ I have enclosed a copy of official receipt of application from the national accrediting agency.

- **If no**, check the requirement that pertains to your school:

☐ This school was licensed *before* June 26, 2005 and has been continually licensed in good standing since that time. I understand that the school is exempt from the accreditation requirement.

☐ This school was licensed *after June 26, 2010*. I understand that the school must submit proof of applying for accreditation within a year of licensure and must submit proof of accreditation within three years of licensure.

I certify that the information provided above is true to the best of my knowledge.

Printed Name of Person Completing this Form on Behalf of School: _____

Title/Position: _____

Signature: _____ **Date:** _____

Enclose a roster of students currently enrolled in this school and send this questionnaire and the roster to the Board office at the address above.